
**LOS ANGELES COUNTY
HIV PREVENTION PLANNING COMMITTEE (PPC)
A Select Committee of the Commission on HIV Health Services
600 South Commonwealth Avenue, 6th Floor•Los Angeles CA 90005-4001**

MEETING SUMMARY
Thursday December 5, 2002
1:00 p.m.-5:00 p.m.
St. Anne's Foundation Conference Room
155 North Occidental Boulevard-Los Angeles, CA

MEMBERS PRESENT

Mario Perez	Jeff Bailey
Vanessa Talamantes	Chi-Wai Au
Sergio Avina	Gordon Bunch
Tony Bustamante	Diane Brown
Richard Browne	Cesar Cadabes
Edward Clarke	Mark Etzel
Kelly Gilmore	Danielle Glenn-Rivera
Shawn Griffin	Edric Mendia
Veronica Morales	Keisha Paxton
Ricki Rosales	Gail Sanabria
Tom West	Richard Zaldivar
David Zucker	Rodolfo Zamudio

ABSENT

Buddy Akin
Dean Goishi
Efrain Reyes
Vicky Ortega
Kellii Trombacco

STAFF PRESENT

Elizabeth Escobedo	Gabriel Rodriguez	Darren Roberts
Delia Sandoval	Rene Seidel	

I. ROLL CALL - Roll call was conducted. A quorum was present.

II. COLLOQUIA PRESENTATION

Oscar Grusky, Ph.D. and Aimee Swanson, Ph.D. presented on "Organizational Factors in the Early Detection of HIV: An Overview and Some Preliminary Results"

The Presentation next month will be on "Do Specialist Self-Referral Insurance Policies Improve Access To HIV-Expert Physicians?" Presented by Kevin C. Heslin, PH. D. Research Center in Minority Insurance.

III. APPROVAL OF AGENDA

The Committee approved the agenda with two modifications.

- Co-Chairs Report: Recognition of Danielle Glenn-Rivera.
- Operations SC: Add to their report the recommendation to add a new member to the PPC.

IV. APPROVAL OF MEETING SUMMARY

The Committee approved the meeting summary for November 7, 2002.

V. PUBLIC COMMENT

A suggestion was made that since the PPC will be engaged in the development of the Prevention Plan, to have copies of the current Prevention available Plan at PPC meetings. Copies of the HIV Prevention Plan are always available. For copies please see support staff.

Shirley Bushnell declared that she provided a presentation to the Youth Leadership Sub-committee. After that presentation several issues have become a concern to her. In reference to youth, there are some real issues that

could influence their behavior even though they may fit into a certain population, such as how law enforcement deals with them, and accessing services. **Ms. Bushnell** said that part of the clientele from her agency and other agencies are transgender and others who engage in sex work. There is a tremendous sex industry. She asked where those in that sex industry and those involved in sex work would fit within the HIV Prevention Plan as a Behavior Risk Group (BRG)? Are those being targeted as men who have sex with men?

Jeff Bailey said that ordinarily the PPC does not respond to Public Comment. He took the liberty to reply because the PPC is in the process of developing the new Plan. These are the types of questions that need to be asked. Later in the agenda there will be a presentation on the current HIV EPI profile estimates in Los Angeles County. Those estimates will determine where to prioritize the BRG section. The reason for the development of a BRG model a few years ago was to target those people who engage in behaviors that place them at risk for HIV. In the past few years, it has been learned that within those BRG groups there are sub-populations. For example for MSM, there is gay identified men, men who don't identify as gay but also engage in same gender sex, men who may have been incarcerated that have only had same gender sex because they were incarcerated. From conversations with those who attended the BRG meetings, some agencies have women who come into their agency who have only had one life time partner but yet they test positive for HIV. Theoretically they are not women at sexual risk, because they have only had one lifetime partner. In writing applications, providers need to consider not "who these people are" but what "behaviors they are engaging in" that place them at risk. For women in the sex industry perhaps that application may indicate that they are going to be targeting women at sexual risk who are professional sex workers.

VI. 2001 COUNTYWIDE RISK ASSESSMENT SURVEY (CRAS): by Pamela Ogata

Pamela Ogata provided a presentation on the 2001 CountyWide Risk Assessment Survey. Copies of her presentation were provided. The questions asked could not be heard on the tape. Some of the responses to the questions were:

- Questions about post operative or pre operative were not captured. If somebody indicates on a survey they are transgender female to male and then they have a partner that is transgender it is very difficult.
- Reported alcohol use was 99% and there was no variable that captures quantity or duration of alcohol. It could have been one drink in the past 6 months. Alcohol was included in the survey in the following statement, "If you did any of the other drugs and drank alcohol then you are a substance user." They created a binary substance use category. Frequency and duration were not captured in the study.
- Condom use was captured for vaginal, anal and oral. This data was lumped together for future analysis and can be separated at any time.
- Sexual behavior could not be ascertained for those who were not in a relationship because the question read, "What is the gender of your current partner (s)."
- 4% were in zero discordant they had to be in a relationship at the time.
- Have you had sex in the last past 6 months?
- CRAS was implemented in May 2001. Those who had a current contract with OAPP participated.
- The data collected for 2002 is currently in data cleaning phase and should be ready by early first quarter 2002 as preliminary data.
- An exact determination cannot be made about whether HIV positives are in services designed for HIV positives. It was a generic question that asked a number of different types of services such as STD, housing, dental, etc.
- They are currently revising the CRAS for IRB approval for next year's implementation. **Ms. Ogata** asked that suggestions, feedback or comments be forwarded to her as soon as possible.

VII. PRESENTATION: Revised HIV/AIDS Estimates in Los Angeles County

Jeff Bailey explained that from this point forward presentations at PPC meetings would be intended to provide information to inform the new HIV Prevention Plan. Next month the PPC will vote on recommendations about how to proceed on the development of the Plan.

The following presentation is significant and is the basis for the preparation and development of the new HIV Prevention Plan. The presentation will provide data about the EPI profile that will be inserted into the plan. These data will be different from the data included in the previous HIV Prevention Plan, because it will contain data that will be broken down into Behavior Risk Groups. According to the CDC guidance the development of the EPI Profile is the first step. The EPI profile is going to determine which populations are most at risk for HIV. **Mr.**

Bailey emphasized the importance of the information provided, so that the PPC can make an informed decision about prioritizing the populations.

Dr. Frye provided estimates of persons living with HIV/AIDS in Los Angeles County. He declared he would provide a presentation at the January PPC meeting on HIV Estimates by BRGs. Copies of Dr. Frye's presentation were provided. The questions asked could not be heard on the tape. Some of Dr. Frye's response to those questions were:

- You cannot add these population categories and get the total number, because there is a lot of overlap. MSM of color and white MSM in women were added and the number obtained was about the total that was expected.
- As far as the transgender percentage, yes even in our study it was about 21% or 22%, but ATS data was a different percentage we had to average in some of these very disparate percentages. An estimate will be obtained that can then be applied to an estimated population if you choose to use the transgender data or estimate. Dr. Frye said that it is known that transgender have perhaps the highest incidence in the county and in the study it was one of the highest prevalence rates they have seen in the county since the days of the eighties among gay men. So, yes there have been some higher numbers and even higher numbers yet in other cities. He said that some base these estimates on some studies and they have their own caviats and limitations. One of the caviats and limitations in the transgender study was that a lot of the African American participants had to be removed from the analysis for different reasons, so there was a low percentage of African American. It would have been expected for the percentage to have gone up in that case because we have seen African American prevalence higher than White and Hispanic. That is probably an under estimation. But you also have to factor in the transgender who don't identify or self identify. The transgender in the study were once found in the street or in the areas providing HIV services, however it can be suspected that there are transgender all over the county who were not interviewed and who may have had a different prevalence of HIV.

VIII. BREAK

IX. PRESENTATION: UPDATE ON RAPID TESTING

Mario Perez provided a brief overview on Rapid Testing, and some of the implications that exist in Los Angeles County. The FDA approved OraQuick with a moderate complexity waiver. Rapid Testing was approved at the Federal level about a month ago. Previously, there has been a lot of discussion around Rapid Testing and its implications for places like Los Angeles County that continue to be heavily impacted.

Counseling and Testing Response

Counseling and Testing is one of the core components of the prevention response. In March, OAPP migrated to an approach in Los Angeles County to target testing to BRGs as prioritized by the PPC. In Los Angeles County it is estimated that about 200,000 tests are conducted each year. OAPP funds about 80,000 or 40% of those tests. There is pressure to make sure that all the testing that takes place is targeted to the people most at risk for infection. In a one-year period in Los Angeles County Counseling and Testing trends have not been disparate. In the last two years there has been an average of close to 80,000 publicly funded tests every year. A high proportion of anonymous (47,000) testing continues. This has significant implications to perform follow up with people who test positive or those who are high risk who test negative. About two thirds of the test supported by OAPP occur in a community based setting, which includes CBOs and mobile testing vans. Disclosure varies by venue anywhere between 65% and 83% of the tests in the county. There are a many people getting tested who are not returning for their results. The federal goal described by the CDC for disclosures is 85% for everyone, and 90% for people who test positive. In the County there is about 8,000 people who test HIV positive every year and who do not learn their status.

In looking at the testing data by BRG, it is alarming that of those getting tested, 55% cannot be placed into a BRG. It is unacceptable that about 40,000 testes are delivered in the county among people with no reported BRG. Also, about 24% of those testing positive have no BRG and is not consistent with the EPI data. So, there is work to do to achieve more accurate reporting.

Mr. Perez affirmed in response to a question that 55% of the people who are testing do not have a BRG but 24% of those people are testing positive.

Rapid Testing Approval Process

Mr. Perez provided some background on the sensitivity and Specificity of the rapid HIV test.

Evolution of Rapid Testing:

There are about 60 tests approved for use worldwide. FDA approved the following.

SUD Single Use Diagnostic System

OraQuick - approved on 11-8-02

Limitations of Rapid Testing:

The limitations are limited result preparation time, unconfirmed preliminary positive results and hasty risk reduction plan development.

CLIA (Clinical Laboratory Improvement Amendment) CLIA was an amendment approved by congress in 1988.

CMS: Centers for Medicare and Medicaid Services

Mr. Perez responded to several questions including:

Q. Can you explain using the OraQuick whether or not the results are positive or negative both for prior confirmatory test? The whole idea was to be rapid and one of the implications may be greater cost efficiency.

A. SUDs determined that they are confident about the specificity of the test and this was the best way to go. OraSure literature describes that they require a confirmation test for all the tests they do. It is expected that there will be further dialogue and discussion about what that means. It would not be cost efficient to have everyone who tests negative to subsequently obtain a confirmation to confirm that negative result. Because in Los Angeles County of the 80,000 tests approximately about 78,800 are negative.

Q. Are you saying that if we started using this test right now every single test would be preliminary?

A. Yes. That is what OraSure is saying.

Q. What is Los Angeles County's plan in terms of technology reading?

R. OAPP is prepared to purchase large volumes of Rapid Test. The waived test is preferred over the moderately complex. OAPP believes that not having a waived test will add significant program cost because now counseling and testing providers will need to have a microbiologist on staff and will need CLIA certification. If it stays as moderately complex, then it is likely that half the labs now in Los Angeles County that are waived providers would need to be certified to do the test. There is no plan at this point that indicates how to move forward. There is a need to have some dialogue with the counseling and testing providers. The State has demonstrated a lot of interest in the Rapid Testing technology and has developed some guidelines. The State has a primary role in determining how to move forward.

Q. Do you think the State is going to come up with a new protocol for training testing and counselors?

A. Yes. OAPP has always used the State's guidelines and protocols in training manuals.

Q. A question was asked about budget cuts because of Rapid Testing?

A. Currently the testing programs are funded with both State and federal HIV prevention resources. It is not anticipated that there will be a cut in to counseling and testing that would have an impact. There may be a need to make a decision around purchasing tests. For example, if currently a set number of tests are purchased in a year, can additional 20,000 Rapid Tests be purchased? Or is it expected to have 20,000 tests reduction in blood draws? To accommodate the 20,000 Rapid Test, given the comparable cost of the test.

Mr. Perez said that he expected the waiver for CLIA classification would be approved. There may be a need to be thoughtful about implications for implementation in Los Angeles County. There might be a need to consider the capacity of counselors and where it makes the most sense to deliver Rapid Testing.

Mark Etzel mentioned that in February, CHIPTS in partnership with others would hold a forum on Rapid Testing around implementation issues and protocol development.

V. SUB-COMMITTEE REPORTS

♦ Evaluation

Diane Brown reported they continue to work on the Needs Assessment. At their last meeting several members brought different secondary sources of data for review. A special work group meeting will be held to review the data and decide what questions still need to be asked to inform the Needs Assessment. They are

also working on the Resource Inventory. They expect to complete their work by March or April 2003, so that the Gaps Analysis can be written by a consultant and be ready for the Retreat in May.

◆ **Operations**

Darren Roberts reported that the revised policies and procedures were distributed. They reviewed sub-committee attendance for all PPC members and made recommendations to the Executive sub-committee about actions that need to be taken. They reviewed the PPC attendance records for those whose term should be ending on December 2002 and also made recommendations. They reviewed applications and recommended the appointment of Kathy Watt as a PPC member.

Kathy Watt attends the PPC meeting on a regular basis; brings resource and expertise to the PPC in that she is a voice to the transgender and to the substance use community. She brings a very strong research background and is in tune with the community in prevention efforts in Los Angeles County.

MOTION: A motion was made, seconded, and passed to approve Kathy Watt as a PPC member.

Jeff Bailey affirmed that last month Kellii Trombacco stepped down as chair of the Operations sub-committee due to her work. Darren Roberts who is a staff member has been diligently assuming responsibilities of the sub-committee.

Joint Public Policy

Mark Etzel reported that their Work Plan would be finalized in January. They have been discussing the State budget.

◆ **Standards & Best Practice**

Keisha Paxton reported that they are working on prioritizing interventions, reviewing the Literature Review Search, and finding out what research is currently being conducted locally. They will also inquire about information that was collected several months ago about local researchers. Sub-committee members will also work on their recommendations.

Jeff Bailey explained that both Buddy Akin and Diane Brown were at the last Executive sub-committee meeting and they put forward the recommendation that was supported by the Executive sub-committee to merge some sub-committees. The Executive sub-committee will subsume the Operations sub-committee responsibilities until the Prevention Plan is completed. The members that participate in the Operations sub-committee will assist with the endeavors that will be taken upon by both the Standards and Best Practices and Evaluation sub-committees to assist with the duties of completing the Prevention Plan. The merging of the sub-committees will be effective in January 2003.

Youth Leadership

Chi-Wai Au reported that Shirley Bushnell provided a presentation of her work with the LAPD in terms of developing transgender sensitivity. She also talked about the condom issue. Cesar Cadabes attended the Community Co-Chair Summit last month and he provided a summary of his presentation at the summit. Gordon Bunch was thanked for making a donation for snacks and refreshments.

◆ **Retreat ad hoc**

Veronica Morales reported that the PPC Retreat might be held at the Hilton Garden Inn in Calabasas. It is not a union hotel but the service charges go directly to the staff which is different than other non-union hotels. The PPC will be saving approximately 50% if the Retreat is held at this hotel. The theme for the Retreat is "*Bridge to the Future*." They are recommending that Diane Burbie be the facilitator. **Ms. Morales** asked that one of the PPC co-chairs attend their next meeting because they are drafting the agenda using the Timeline.

◆ **CHHS Update**

Edric Mendia reported that the Commission held its Retreat. The goal of the Retreat was to review existing Work Plans and fostering improved relationships and communications among members. While there was no formal evaluation of the overall impact on working relationships, he believed that most people walked away from the Retreat feeling reenergize and feeling that they are looking forward to working together. At the end

of the Retreat, every committee reported the progress made during the two days of working together. Almost every committee was successful in completing their Work Plan for the coming year.

Mr. Mendia said that it could not be understated how well the PPC works together and improving relationships is an important goal.

X. OAPP REPORT

Mario Perez acknowledged the 2002 HIV counselors of the year. This year there were three categories.

Community Base Counselor of the Year: *Jay P. Anderson* from AHF

Public Health Clinics and STD Counselor of the Year: *Ivan Moorhead* from Glendale Health Clinic

Community Services Counselor: *Andre Hayes* from OAPP: Community Services Counselors are selected from OAPP staff who are assigned to the various sites throughout the county.

Board Motion:

Mario Perez reported that he has not received an update in reference to have providers report their expenditures and activities by SPA on a monthly basis

XI. STRATEGY TO COMPLETE THE PREVENTION PLAN

Jeff Bailey reported that the Executive sub-committee met and defined the strategy to complete the Prevention Plan. A Timeline was developed and names of where the responsibility lies were inserted into the Timeline. A copy of the current Timeline was passed out. A first step was started today in presenting some preliminary EPI data and the CRAS data.

Another step is identifying a person to write the Plan. An RFP will be developed to send out to perspective persons. **Mr. Bailey** asked if anyone knew of individuals who may be interested and capable of writing the Plan to forward the names to the co-chairs. The consultant will work closely with the PPC to help analyze and place data into a format that is presentable to the CDC, so that it is understandable to the community and youth sensitive.

Mr. Bailey went over the Timeline.

Goal # 1: Updating the EPI profile.

Goal # 2: Conducting a SPA based Needs Assessment (This is also in line with the Los Angeles County Strategic Plan). Much of the work cannot take place until a decision is made about whether the PPC is moving forward with the BRG model. That decision will determine how to conduct a Needs Assessment according to the BRGs. Conducting a SPA based Needs Assessment is an extensive area. **Mr. Bailey** said that recently Gordon Bunch had the opportunity to sit on a review panel for plans and he reiterated that the Needs Assessment is a very important element of the Plan. The CRAS data that was presented today is the basis for the Needs Assessment. Also the counseling and testing data presented today during CHIPTS is very important data to look at for the Gaps Analysis in reference to where more services may need to be provided.

Objective 3: Complete a Comprehensive Resource Inventory: This work has already begun. This section involves looking at what resources currently exist in Los Angeles County as far as prevention, how much funds are allocated and to whom from the CDC, State, City of West Hollywood, City of Long Beach, City of Pasadena, City of Los Angeles County, etc.

Objective 4: Conduct an Analysis of Services and Resource Gaps. Once this data is compiled the PPC can look at what actually exists to inform where those gaps are based on the model to be selected in January.

Objective 5: Identify potential Strategies and Interventions. It appears that the new CDC guidance, even though it has not been released, may be more flexible in looking at so called "Effective Interventions." because of the lack of information on those. At the Executive sub-committee there has been discussions with Standards and Best Practices sub-committee, to look at interventions in general such as condom distribution, Social Marketing, One On One outreach, Prevention Case Management. Much of that work has already commenced by the Standards and Best Practices sub-committee.

Objective 6: Prioritize populations, interventions and allocate resources. **Mr. Bailey** mentioned that he did not want to confuse people when he says "prioritize populations" because once a model is selected there may be

populations within that model that would be prioritized based on the data. What he meant is that in hearing from Shirley Bushnell, that sex workers may be a population that is prioritized within the BRG model. For example the Commissions report indicated that they had included homeless as a separate population.

Objective 7: Write the Plan.

Mr. Bailey said that most of the Executive sub-committee business would evolve around the Plan. The Executive sub-committee meeting for December was moved to December 19, 2002, because the original date fell on the day after Christmas.

Mario Perez said that the spirit of Community Planning manifests itself through the Prevention Plan. It is a document that is guided by the experience, evidence, and science and by all the work that everyone is doing. The next six months will be critical in making sure to capture as much as possible about how to move forward for the next five years. It will be a multi-year plan that will guide how prevention work is done. It is important that everyone contributes to the development of the Plan.

XII. CO-CHAIRS REPORT

BRG Meetings

Jeff Bailey reported that all the BRG meetings have concluded. The last meeting was the Counseling and Testing providers. There was not a large turnout for that meeting. However, it was very informative. Their challenges on transitioning to a BRG model were shared. The majority of providers were not traditional clinic based counseling and testing providers. Many were people who go out in the field to do counseling and testing. A wish that was expressed from this group and the Injection Drug Users group was to have a greater link to Hepatitis information and screening. **Mr. Bailey** asked those who facilitated BRG meetings to review the notes that Gabriel Rodriguez has completed to determine if there is anything they would like to add.

Ask the PPC Feedback:

Mr. Bailey reminder everyone that there is a box provided at all PPC meetings, for those who have questions and prefer to do so in written form. Those questions will be addressed at the next PPC meeting.

Community Breakout:

Mr. Bailey said that a document with feedback will be provided in January about the November Community Breakout.

Conference Updates: Call for abstracts are out for the USCA and the Ryan White Youth Conference. The PPC will need to make a decision about which PPC members will attend the USCA, Ryan White Youth Conference, CPLA, and the National HIV Prevention Conferences.

Jeff Bailey said there is an article that came out about Dr. David Holtgrave's, Prevention and Cost Effectiveness. This past year there has been discussion that "perhaps prevention is not working." With the pending budgets cuts from various government entities, it is important to articulate that prevention is working. Dr. David Holtgrave presented a model where he indicated that due to prevention efforts in the United States perhaps over 1.5 million new infections have been averted. Also, as a result of prevention efforts about \$1.1 billion dollars in medical cost have been saved due to those averted infections. It was a very important presentation and a statement about the validity of prevention work.

Danielle Glenn-Rivera was acknowledged with an Appreciation Certificate Award for her contribution to the PPC and for providing a voice for the Native American community. Her term as PPC member ended on December 31, 2002. Ms. Glenn-Rivera also serves as a member of the Commission.

XIII. STATE OFFICE OF AIDS UPDATE

Gail Sanabria reported that there is no news on the State budget cuts. They have had several budget drills. At one point they thought that prevention was off the table. It was felt that because of the \$4 million cut about a year and half ago, another cut would not be experienced. However that is not the scenario now. There will be some reductions, but it is unknown what those would be.

The worst case scenario drill is a 25% cut. Many programs are federally funded so those would not be considered because funds cannot be taken from a federal program that has identified funds for specific programs. It is anticipated that the ADAP program may not be severely cut, although there may be drugs that will be taken off the formulary. The EIP program, is 100% State funded, so that is a program that is being looked. They are working very closely with their CHPG which is the community based group that meets three times a year to advise the State Office of AIDS. The next meeting is scheduled for April 28 and 29, 2003 in Redondo Beach. The PPC was encouraged to attend.

Other budget cut drills they have discussed have been anywhere from 3%, 5%, 10%, 15%, 20%, and 25%. Currently, they are being asked to look at any contracts that are in the process of being signed, and provide justification for the contract to go forth. Any positions that have been vacant are gone with the exception of ones that were specifically funded by federal dollars for specific purposes. Non essential travel will be cut. OAPP will be immediately notified of any cuts. There is the possibility that some cuts will occur this current year. There will be cuts next year.

Ms. Sanabria said that there would be an adjustment to this year's budget coming out on December 9, 2002. They are looking at a \$21 billion deficit.

They have had Dr. Deana Sykes in their office working on Rapid Testing. She has been at the forefront of helping obtain FDA approval and is awaiting the waiver. They are waiting for ample test kits to begin preliminary work to develop guidelines, protocols, and practices to disseminate. They are looking at changing some of the CET training's that are offered for testing counselor so they can get the certification aspect for rapid testing. They will only allow people who are certified by the State to utilize Rapid Testing that they provide. So, they are very interested in making sure that that training is state of the art.

On the issue of the new phlebotomy regulations, three years will be allowed to bring staff that is already doing testing up to speed. If staff is not in place by March 1, 2003, then anyone hired after that time must be certified before they will be able to do even a finger prick. She encouraged people to look at the new phlebotomy regulations and ensure that their staffing level is up so that they don't get caught in that deadline.

Ms. Sanabria said that the \$4 million budget cut experienced about a year and a half ago is gone from the base amount. The budget drills going on are for the amount of money that is received now. **Ms. Sanabria** indicated that the \$4 million cut totally wiped out their social marketing campaign. They were able to take half of the \$4 million cut internally, so \$2 million cut went down to the local communities.

Mario Perez said that Los Angeles County did not transfer the cut to the 18 programs currently funded by the State award. However, now with a possible subsequent cut over the next two years there is a chance that the cut will be deeper than \$800,000. He said he wanted to publicly inform everyone that although the 25% cut may take place, it actually translates to an even deeper cut for those programs.

Richard Zaldivar indicated that in the past the Governor has been very supportive of HIV/AIDS. He suggested that in the near future to invite someone from the Governors office to attend a PPC meeting.

XIV. ANNOUNCEMENTS

- ◆ **Tom West** announced that for the 5th year in a row the City of West Hollywood along with AIDS Project Los Angeles, LAGLC, Van Ness Recovery House and LA SHANTI are producing their alternative New Years Eve event, in West Hollywood Park on San Vicente. Information with the address was provided. It is alcohol and drug free. Last year they had 1,500 people in attendance.
- ◆ **Kelly Gilmore** announced that THE Clinic staff is holding a play tomorrow night called "Stigmas Are You HIV Prejudice?" at 7:00 p.m. If interested, RSVP at 323-295-6571, at the Lucy Florence Café at Lamont Park.
- ◆ **Jeff Bailey** announced that The Center would be hosting two forums in regards to safety and violence with regards to the LGBT community. The first one will be training on Dec 9, 2002 at the Village from 7:00 to 9:30 p.m. in English and another in Spanish on December 16, 2002.
- ◆ **Jeff Bailey** announced that on Sunday, part of the PHIP Programs, will provide a Leadership Academy for people with HIV at the Village. It is designed for those persons living with HIV that are not participants of the PPC or the Commission. The purpose is to engage them in advocacy. Gunther Freehill from OAPP will be doing a session on funding sources for HIV/AIDS services and how people can advocate. Representatives from the Commission and the PPC will be present to provide information about the Commission and the PPC.

- ◆ **Richard Zaldivar** announced that next month they would have the application forms available for names of those who have passed away for the AIDS monument. They have just released the request for qualifications for 6 art murals and information has been mailed to over 3,000 public artist. He asked if anyone knew of artists to let him know. Those selected to have their artwork displayed on the art mural on the wall panel will be eligible for the \$3,000 stipend and their artwork will be transferred by mosaic tile.
- ◆ The January PPC meeting will be held on Tuesday, January 7, 2003 (The 1st Thursday of the month is the day after New Year's).

XV. CLOSING ROLL CALL

Roll call was conducted.

XVI. ADJOURNMENT

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